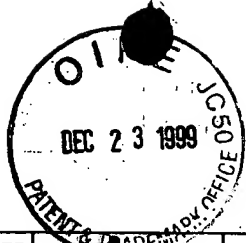


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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/419,856	10/19/99	1711	\$380.00	2696	0	15	2

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) DENNIS MAPLES, BONNER SPRINGS, KS; GEORGE DANKER,
OLATHE, KS; DAVID CAMPANELLA, NORTH KANSAS CITY, MO.

CONTINUING DATA AS CLAIMED BY APPLICANT -
THIS APPLN IS A CON OF 09/060,741, 4/15/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/09/99 ** SMALL ENTITY **
TITLE
LOW SMOKE, LOW TOXICITY CARPET

PRELIMINARY CLASS: 524

DATA ENTRY BY: JOHNSON, ANGELA TEAM: 03 DATE: 11/09/99



(See reverse for new important information)

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/419,856	10/19/99	524	1711	2696

APPLICANT DENNIS MAPLES, BONNER SPRINGS, KS; GEORGE DANKER, OLATHE, KS; DAVID CAMPANELLA, NORTH KANSAS CITY, MO.

****CONTINUING DOMESTIC DATA*******
VERIFIED THIS APPLN IS A CON OF 09/060,791 04/15/98

****371 (NAT'L STAGE) DATA*******
VERIFIED

****FOREIGN APPLICATIONS*******
VERIFIED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY KS	SHEETS DRAWING 0	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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